U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AUG 1 5 2005	LY BEFORE PREPARING THIS REPORT.			
E MOO 2 2500				
	2. Fiscal Year Covered From:			
1. File Number U - 6982				
	7 / 04/ Through: 12/3/ 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ROBERT J GUINN	Name BRICKLAYER'S LOCAL# 1 OF MO			
(Control of the fact of the f	Labor Organization File Number 030915			
	Do D. D. W. and Door Number & D.			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 55 DESTIN CT.	Street 2000 MARKET ST.			
CAY ST. CHARLES	City ST. LOUIS			
7100-4-14 (63303)	State 1910 ZIP Code + 4 103/03			
	2281			
5. Position in labor organization. BUSINESS REP KIN	D TRUSTEE			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name MASON CONTRACTOR ASSOC.	INSTAIRTION OF MCA OFFICER'S			
Trade Name, if any: M, C, A.	COMPLIMENTORY TICKETS			
7.7.6.72.	JAN. 24, 2004			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street 1429 S. BIG BEND BLUD STE. A				
City 57. L0415 :	75.00			
State MD ZIP Code + 4 63117+	2203			
•	nature ,			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second control of the second cont	f Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the			
I survive at the second state of the information contained in any accompan-	f Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing ROBERT J. GUINN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.
P.O. Box, Bidg., Room No., if any Street City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. GOLF + LUNCH 8/13/04 72.85
Name GHP	
Trade Name, if any: GROUP HEALTH PLAN	
P.O. Box, Bldg., Room No., if any	
Street IN CORPORATE OFFICE DRIVE STE-400 City ERRTH CITY	
State 710 ZIP Code + 4 63045	
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.

Name of Person Filling (COBER) V. GUINN		Life Milliper O-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar values 12.a. Nature of interest held				
:					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any). Name ING INVESTMENT MANAGEMENT	GOLF+LUNC	H 8/25/04	84.38		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 10 STATE HOUSE SQUARE S.H. 13		, , , ,			
City HARTFORD					
State CT a ZIP Code +4 06/03 + 3607					
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.		84.38		

Name of Person Filing ROBERT J. GUINN	File Number 0-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any). Name COMMERCE BANIC	4/28/04 CARDWAL BAILGAME 108,50				
Trade Name, if any:	7/9/04 GOLF + LUNCH 101.00				
P.O. Box, Bldg., Room No., if any	11/24/04 CHARITY BOXING 93,56				
Street 8000 F0R5YTH	BACKSTOPE POLICE + FIRE				
City CLAYTON					
State MO ZIP Code + 4 63/05					
13.b. Is the Business an Employer i or Consultant 7	14.b. Amount of payment. 303.06				

Name of Person Filing ROBERT J. GUINN	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	, was			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
#				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	GOLF + LUNCH 10/8/04 59.00			
Name MISSOURI VAILEY PARTNER'S				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any P.O. BOX 16901				
Street 135 N. MEREMAC AVE. STE 500	, , , ,			
City ST. LOUIS				
State MO ZIP Code +4 63/05 3751				
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.			

Name of Person Filing ROBERT J. GUINN		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name WELFARE FUND BRICKLAYER'S LOCAL#FI OF MO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 MARKET ST. City ST. LOUIS State MO ZIP Code + 4 63103	9. Business deals with: a. Labor Organizat b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UELFARE FUND BRICKLAYER'S LOCAL #1 OF MO Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing ANNUAL DEC	CEMBER B	1		
Street 2000 MARKET ST.	11.b. Approximate dollar valu	e of such dealing.	54.48		
City ST. LOUIS State MO ZIP Code + 4 63103	12.a. Nature of interest held	d or income received.			
,	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	,	, ; _ !			
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.				